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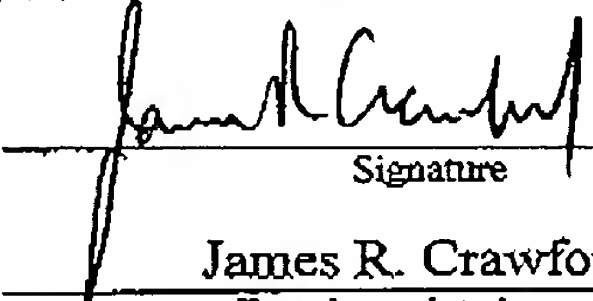
MAR 10 2009

PTO/SB/31 (10-08)

Approved for use through 11/30/2008. OMB 0651-0031

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NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) NY-HEALOR-202-US	
		In re Application of Tamar Tennenbaum, et al.	
		Application Number 10/644,775 - Conf. #6931	Filed August 21, 2003
		For METHODS AND PHARMACEUTICAL COMPOSITIONS FOR HEALING WOUNDS	
		Art Unit 1647	Examiner Marianne P. Allen
Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.			
The fee for this Notice of Appeal is (37 CFR 41.20(b)(1))		\$ 540.00	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is:		\$ 270.00	
<input type="checkbox"/> A check in the amount of the fee is enclosed.			
<input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 50-0624			
<input type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.			
WARNING: INFORMATION ON THIS FORM MAY BECOME PUBLIC. CREDIT CARD INFORMATION SHOULD NOT BE INCLUDED ON THIS FORM. PROVIDE CREDIT CARD INFORMATION AND AUTHORIZATION ON PTO-2038.			
I am the			
<input type="checkbox"/> applicant/inventor.		Signature	
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)		James R. Crawford	
		Typed or printed name	
<input checked="" type="checkbox"/> attorney or agent of record.			
Registration number 39,155		(212) 318-3148	
		Telephone number	
<input type="checkbox"/> attorney or agent acting under 37 CFR 1.34.		March 10, 2009	
Registration number if acting under 37 CFR 1.34.		Date	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.			
<input type="checkbox"/> *Total of 1 forms are submitted.			

I hereby certify that this correspondence is being sent by Facsimile to 1-571-273-8300 addressed to Commissioner for Patents, P. O. Box 1450, Alexandria, VA. 22313-1450 on the date shown below:

Natalia Platonova

March 10, 2009
Date